

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other
instructions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. NM 0557686	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DESP. EN. ☐ PLUG BACK ☒ DIFF. RESVR. ☐ Other ☐		6. IF INDIAN, ALIOTTES OR TRIBE NAME	
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY		7. UNIT AGREEMENT NAME NM FV	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240		8. FARM OR LEASE NAME SEM V. Drinkard W. Dr	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface N 180' FNL & 600' FDL of Sec. 23 At top prod. interval reported below Same At total depth Same		9. WELL NO. 2	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Wells Drinkard	
DATE ISSUED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 23 T-205 R-37E	
15. DATE Started 3-3-74		12. COUNTY OR PARISH Rea	
16. DATE T.D. REACHED —		13. STATE N. Mex.	
17. DATE COMPL. (Ready to prod.) 4-15-74		18. ELEVATIONS (OF, RSB, RT, CR, ETC.)* 3540' DF	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 10,465'	
21. PLUG, BACK T.D., MD & TVD 7675		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY Rotary		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Top - 6610' Bottom - 6915' Drinkard	
25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN None	
27. WAS WELL CORED		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 6,616', 26' 36', 46' 56', 66', 76', 86', 6676', 6,707', 6,716' w/13SPF		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 6616' - 6716' 4000 gal 2320 18.000	
33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold	
DATE FIRST PRODUCTION 4-15-74		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
DATE OF TEST 4-23-74		HOURS TESTED 24	
CHOKE SIZE 1 1/4"		PROD'N. FOR TEST PERIOD 30	
OIL—BBL. 1470		GAS—MCF. 11	
WATER—BBL. —		OIL GRAVITY-API (CORR.) —	
FLOW. TUBING PRESS.		CASING PRESSURE	
CALCULATED 24-HOUR RATE		OIL—BBL.	
GAS—MCF.		WATER—BBL.	
OIL GRAVITY-API (CORR.)		TEST WITNESSED BY	
35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
SIGNED <i>Robert Gault</i>		TITLE Division Office Manager	
DATE 5-3-74			

*(See Instructions and Spaces for Additional Data on Reverse Side)

USSS-5, NM FV-4, F.1a

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 19: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 23: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS	
				NAME	MEAS. DEPTH
				San Andres	3415
				Glorieta	5160
				Blueberry	5774
				Tubb	6245
				Drunkard	6610
				Abo	6916
				Blferrm.	7670
				Dev.	8220
				Pyke	10113